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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10-829 074	Filing Date 11/8/01
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)	
CLAIMS		AS FILED		8/7/01		11/8/01	
		Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	2		4		4		
Total Depend	12	20	26				
Total Claims	14	24	30				

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